

Transgender and Hormone Replacement History

(if applicable)

Are you a transgender? male female

Are you currently taking HRT medications? Yes No

If Currently Taking HRT:

Which medications are you taking? testosterone progesterone estradiol
 spironolactone other - which?

Are these prescribed? Yes No

If yes, who prescribed?

If no, what is the source?

Do you have a letter of support? Yes No

If yes, who wrote the letter? (Please bring letter to visit.)
 Name: Phone:

Have you had gender confirmation surgery? Yes No

If yes, what surgery?

TYPE OF SURGERY	YEAR	SURGEON	
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If Not Currently Taking HRT:

Are you scheduling with us to begin HRT for the first time? Yes No

If yes, do you have a letter of support? Yes No

If yes, who wrote the letter? (Please bring letter to visit.)
 Name: Phone:

Have you been on HRT in the past, but stopped? Yes No

If yes, when stopped?

If yes, why stopped?